



Please type a plus sign (+) inside this box →



09-0984

1644

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 09/935,061 | | | |
| | | Filing Date | August 21, 2001 | | | |
| | | First Named Inventor | KOBILKA, BRIAN K. | | | |
| | | Group Art Unit | 1646 | | | |
| | | Examiner Name | LI, RUIXIANG | | | |
| Total Number of Pages in This Submission | | Attorney Docket Number | STAN-213 | | | |
| ENCLOSURES (check all that apply) | | | | | | |
| <table border="1"><tr><td><input checked="" type="checkbox"/> Fee Transmittal Form In Duplicate <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</td><td><input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)</td><td><input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Notice of Appeal <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard</td></tr></table> | | | | <input checked="" type="checkbox"/> Fee Transmittal Form In Duplicate <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Notice of Appeal <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard |
| <input checked="" type="checkbox"/> Fee Transmittal Form In Duplicate <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Notice of Appeal <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard | | | | |
| Remarks | | | | | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Signing Attorney/Agent
(Reg. No.)

CAROL L. FRANCIS, 36.513
BOZICEVIC, FIELD & FRANCIS, LLP

Signature

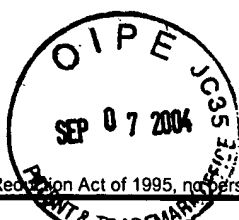
Date

September 7, 2004

EXPRESS MAIL LABEL NO. EV 462737882 US

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**375.00****Complete if Known**

| | |
|----------------------|-------------------|
| Application Number | 09/935,061 |
| Filing Date | August 21, 2001 |
| First Named Inventor | KOBILKA, BRIAN K. |
| Examiner Name | LI, RUIXIANG |
| Art Unit | 1646 |
| Attorney Docket No. | STAN-213 |

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit
Account
Number
Deposit
Account
Name

50-0815

Bozicevic, Field & Francis, LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge Any Additional Fee(s) Required under 37 C.F.R. 1.17.☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description |
|----------|----------|----------|----------|------------------------|
| 1001 | 770 | 2001 | 385 | Utility filing fee |
| 1002 | 340 | 2002 | 170 | Design filing fee |
| 1003 | 530 | 2003 | 265 | Plant filing fee |
| 1004 | 770 | 2004 | 385 | Reissue filing fee |
| 1005 | 160 | 2005 | 80 | Provisional filing fee |

Fee Paid

SUBTOTAL (1)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| Total Claims | -20** = | x | = |
| Indep. Claims | -3** = | x | = |
| Multiple Dependent | | | = |

Large Entity Small Entity

Fee Code Fee (\$)

1202 18 2202 9

1201 86 2201 43

1203 290 2203 145

1204 86 2204 43

1205 18 2205 9

Fee Description

Claims in excess of 20

Independent claims in excess of 3

Multiple dependent claim, if not paid

** Reissue independent claims over original patent

** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$

**or number previously paid, if greater; For Reissues, see above.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code Fee (\$)

1051 130 2051 65

1052 50 2052 25

1053 130 1053 130

1812 2,520 1812 2,520

1804 920* 1804 920*

1805 1,840* 1805 1,840*

1251 110 2251 55

1252 420 2252 210

1253 950 2253 475

1254 1,480 2254 740

1255 2,010 2255 1,005

1401 330 2401 165

1402 330 2402 165

1403 290 2403 145

1451 1,510 1451 1,510

1452 110 2452 55

1453 1,330 2453 665

1501 1,330 2501 665

1502 480 2502 240

1503 640 2503 320

1406 130 1460 130

1807 50 1807 50

1806 180 1806 180

8021 40 8021 40

1809 770 2809 385

1810 770 2810 385

1801 770 2801 385

1802 900 1802 900

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

375.00

Fee Paid

210.00

165.00

SUBMITTED BY**Complete (if applicable)**

Name (Print/Type)

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Signature

Date

09/07/2004

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